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California Institute for Behavioral Health Solutions

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Training Project

Register now for upcoming ASAM (B) Criteria Part I and Part II webinar training!

The following two-part webinar training is currently available for registration:

ASAM-B Criteria – Part I and Part II webinar training

Step 2 in the ASAM Series

Understanding the American Society of Addiction Medicine (ASAM) Criteria in the Context of the California Treatment System

Registration

Click HERE to register for Part 1!

Click HERE to register for Part 2!

Description

This two-part training is an interactive, skills-based training that will begin with a brief overview of the ASAM criteria and a cross-walk between the levels of care articulated in the ASAM criteria and the levels of care defined by the DMC-ODS Waiver. Following this brief review, the presenter will focus the remaining portion of the training on a detailed review of the four progress note formats approved for use in clinical files by SAPC, which are: (1) SOAP (Subjective, Objective, Assessment, and Plan); (2) GIRP (Goals, Intervention, Response, and Plan); (3) SIRP (Situation, Intervention, Response, and Progress); and (4) BIRP (Behavior, Intervention, Response, and Plan), followed by instruction on how to develop a comprehensive, individualized treatment plan.

Attending Part I and Part II of the ASAM-B Criteria webinar training is required to receive a certificate of attendance.

No CEs will be offered.

Completion of ASAM-B Criteria training qualifies participants to advance to the ASAM-C Criteria training within the ASAM Series.

Visit our website for a description of the training we offer.

You can also visit our registration website to see all training that is currently open for registration.

*Please email Paige D'Angelo at email address below to request a certificate of completion after completing Part 1 and Part 2 of the training.

Questions? Contact:

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Understanding the American Society of Addiction Medicine (ASAM) Criteria in the Context of the California Treatment System

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Part I

1

The Mission of the ASAM Criteria

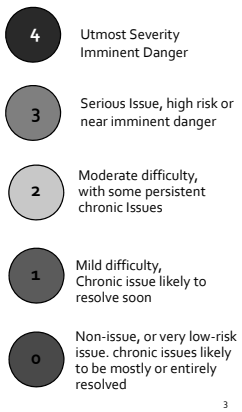
1. To help clients/patients to receive the most appropriate and highest quality treatment services,
2. To encourage the development of a comprehensive continuum of care,
3. To promote the effective, efficient use of care resources,
4. To help enhance access and protect funding for care.

The ASAM criteria offer a system for improving the "modality match" through the use of multidimensional assessment and treatment planning that permits more objective evaluation of patient outcomes.

2

Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment



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ASAM Levels of Care

0.5 Early Intervention

WM Withdrawal Management (4 levels)

1. Outpatient Treatment- <9 hrs/week, low-intensity SUD Tx
2. Intensive Outpatient – 9-19 hrs/week, high-intensity Tx of multi-dimensional SUD
3. Residential (at least one)-
   a. 3.1- Clinically managed, 24 hr low-intensity residential services
   b. 3.3- Clinically managed, population specific, high-intensity services
   c. 3.5- Clinically managed, high-intensity residential

   Inpatient Treatment (3.7 Medically managed residential care)

4.0 Medically managed high-intensity residential care

1. Level I Opioid Treatment Program- Organized ambulatory tx for individuals with opioid use disorder.

4

Let's meet John Doe

5

What does it look like with clients/patients?

- 27 year old Caucasian man with a history of opioid misuse who was referred to substance use treatment for heroin use and depression.
- Entered IOP two weeks ago.
- Prior to treatment, went to ER, looking for "pills." Was hostile and manipulative later admitting that he "just wanted to avoid withdrawals." He then reluctantly agreed to enter detox and intensive outpatient (IOP).

- Strong cravings after medically assisted withdrawal. Willing to try treatment even though he doesn't believe in it."
- Given a referral for medication-assisted treatment (MAT) and was started on buprenorphine.

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What does it look like with clients/patients?

- Using opioids for the past three years, originally for pain. Switched to heroin 8 months ago. Drinking alcohol since 16, "socially." Occasional marijuana use and 2-3 tobacco cigarettes per day.
- Currently transient and unemployed. Unable to function at work due to his increasing substance use. Lost his job and apartment one year ago, and is "crashing" on friend's couches.
- Little social support; his family was "unaware" of his drug use.
- He reported feelings of sadness, lowered self-worth, and loss of interest; just wants to "get high with pills or smack".

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Engage the person in their own care!

What?

Why?

How?

Where?

When?

8

Assessing "Immediate Needs" and "Imminent Danger"

- Immediate can be assessed in person or over the phone,
- Should address each of the six dimensions,
- Includes three components:
  - The strong probability that certain behaviors will occur (i.e., continued alcohol or drug use, etc.),
  - That such behaviors will present a significant risk of serious adverse consequences to individual and/or others (i.e., driving while intoxicated, neglect of child, etc.),
  - The likelihood these events will occur in the very near future (within hours or days, **not** weeks or months).

Patient Demographic Information

Name: Mr. Doe Date: Today Phone Number: 332-222-4444
Address: Anytown USA

DOB: xx/xx/1989 Age: 28 Gender: Male

Race/Ethnicity: Caucasian Preferred Language: English

Pay Source(s) ☐ Self ☐ Medicare (Plan) X Medi-Cal (Plan) ☐ Private Ins (Plan) ☐ County ☐ Other _____
Any Medi-Cal or Insurance Plan ID# (identify): 123-45-6789
Living Arrangement: ☐ Undomiciled ☐ Independent Living X Other (specify)

- Lives with his daughter and her family, husband and two grand-children

Referred by:

- Hospital Case Manager

Explanation of why client is currently seeking treatment: Mr. Doe has been abusing opioid pain medications for the past three years and began using heroin 8 months ago after his doctor refused to refill his medication. He suffers chronic pain from a bicycle accident that occurred 3 years ago that has impaired his ability to function. He lost his job and apartment due to opioid use and has been staying with friends.

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Dimension 1

Acute Intoxication and/or Withdrawal Potential- *Exploring an individual's past and current substance use and withdrawal*

•Substance Use History

	Used past 6 months	Prior use? (lifetime)	Route of Administration	Frequency	Duration (of use)	Date of last use
Alcohol	X	X	ORAL	Weekly	10 yrs	3 wks ago
Heroin	x		Smoke	Daily	8 mo	3 wks ago
Opioid Pain Med	x	X	Oral	Daily	3 years	3 weeks ago
Marijuana	X	x	ORAL	Weekly	5 yrs	3 weeks ago

Additional Substance Use Info: Client reports that his primary substance of choice is opioids. He reports he has most recently used heroin but would take pain medications if he were able to obtain them.

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Dimension 1

Acute Intoxication/Withdrawal Potential (Continued)

a. Do you get physically ill when you stop using alcohol and/or other drugs? Yes

Describe: **When I have trouble getting pills or have to reduce my use I begin to sweat, sneeze, get chills, and fell nauseated.**

b. Are you currently having any withdrawal symptoms? No

Describe: **Not currently, but reported feeling anxious, sweating, some nausea and loose bowels before starting buprenorphine**

c. Do you have a history of serious withdrawal, seizures, or life-threatening symptoms? No

Describe: **Denied seizures though reports times of severe withdrawal with nausea and vomiting**

Client answered YES to having times when he used more drugs than he intended to and recently changing his opioid use from just pills to pills and heroin. Her reports that his father was an alcoholic and was never around very much.

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SEVERITY RATING DIMENSION 1				
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe

Rationale: Client is not exhibiting signs of withdrawal at the time of this assessment

0 Non-issue, or very low-risk issue. No current risk and any chronic issues likely to be mostly or entirely resolved

Are there any problems to address in Dimension 1?

a) Yes, potential of withdrawal
b) Yes, he said he sometimes uses more drugs than he intended to
c) No, there are no dimension 1 problems

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Poll #1

Poll Results

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Dimension 2

Biomedical Conditions and Complications - *Exploring health history and current physical condition*

1. Mr. Doe has a primary care physician. Given a list of Medical Conditions, Mr. Doe responded that he has:

a. Muscle/Joint Problems b. Sleep Problems c. Chronic Pain

d. Stomach/Intestinal Problems

Until 8 months ago he had been prescribed Oxycodone, Percocet, and Vicodin. After attempts to get pills from other physicians, his Dr. refused pain med refills. Suboxone is only current tx identified for above.

2. Do any physical conditions concern you or significantly interfere with you life? Yes

He reports pain causes his sleep prob. and interferes with social/rec activities (biking/camping). Pain related to bike accident 3 yrs ago which resulted in hospitalization and opioid treatment.

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SEVERITY RATING DIMENSION 2

0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe

RATIONAL: Client's chronic pain impairs ability to work and social/recreational activities. He has had difficulty managing even with opioid treatment. He has not sought other pain management strategies or treatment for other health issues, including mental health.

2 Moderate difficulty in functioning, some chronic Issues. Some difficulty tolerating problems; neglects care for acute, non-life threatening biomed problems

Are there any problems to address in Dimension 2?

a) Yes, he is addicted to opioids
b) Yes, he has chronic pain which has not fully responded to opioid treatment
c) Yes, he has a number of un/under treated health problems
d) Both b and c
e) No, there are no dimension 2 problems

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Poll #2

Poll Results

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Dimension 3

Emotional, Behavioral, or Cognitive (EBC) Conditions and Complications

a. Mr. Doe marked the following areas as "problematic" for him:

1. Mood: Depression; Hopelessness; and Irritability/Anger
2. Anxiety: Flashbacks
3. Other: Sleep Problems and Traumatic Even (hit by car)

b. Do you have any thoughts of self harm or harm to others? No

c. Have you ever been diagnosed with a mental illness? If yes, did you receive treatment? No (He denies being diagnosed with mental illness or ever being treated for MH issues though he "thinks" someone at the hospital recommended he "get some help" after his accident.

d. Do you see or hear things that other people say they do not see or hear? No

e. Question for interviewer: Based on the responses above, is further assessment needed? Yes

Describe: Mr. Doe reported feelings of depression, loss of interest in things he used to enjoy, and being "startled awake with images of the car about to hit him." Ct. could benefit from MH assessment.

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SEVERITY RATING DIMENSION 3				
0 None	1 Mild	2 Moderate	3 Severe	4 Very Severe

RATIONAL: Client's mood and emotional symptoms warrant MH assessment and, if appropriate, services integrated with addictions tx. Issues do not seem to severely limit functioning or impede recovery efforts. This dimension may elevate based upon assessment results.

1 Non-issue or low-risk issue.

Are there any problems to address in Dimension 3?

a) Yes, he has post traumatic stress disorder
b) Yes, he has multiple mental health symptoms which need to be assessed and appropriate treatment provided
c) Both a and b
d) No, he has some issues but they don't require treatment so they don't need to be addressed (treatment planned)

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Poll #3

Poll Results

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Dimension 4

Readiness to Change- *Exploring an individual's readiness and interest in changing*

a. To the questions, "Is your alcohol/other drug (AOD) use affecting any of the following (given a list of choices)" , Mr. Doe responded: "Work; Relationships; Physical Health; Finances; Recreation; Self-Esteem; and Handling every-day tasks"
b. Have you ever received help for AOD problems? No
c. What would support your recovery? Friends/Family; financial support; help with craving; and, help with pain management
d. What are the barriers? Finances; friends who drink; pain

Describe: Mr. Doe appears willing to enter tx if his craving and pain mgt needs are met and he worries that quitting may be "too hard." He denies problems with mj and/or alcohol but is willing to "look at" his opioid use as long as he has help with pain.

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SEVERITY RATING DIMENSION 4

0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe

RATIONAL: On the plus side, client has already willingly engaged in MAT, articulates an understanding of the negative consequences of his opioid use, and appears willing to explore further strategies to manage recovery. On the side of concern, his motivation is highly tied to pain management and his concern about and commitment to change his alcohol or other drug use seems low. Client may need extra support in addressing substance use.

1 Mild difficulty- Willing to enter tx but is ambivalent about need for change or believes it will be very easy to do

Are there any problems to address in Dimension 4?

a) Yes, he is in total denial
b) Yes, he is only motivated if he gets medications
c) Yes, he may need assistance to maintain his motivation
d) No, he is solidly committed to his recovery

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Poll #4

Poll Results

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Dimension 5

Relapse, Continued Use, or Continued Problems Potential-

Exploring an individual's relapse experiences/history of continued use

a. In the past 30 days have you had cravings, withdrawal symptoms or trying to recovery from your use?

Describe: I don't crave alcohol or pot but I do crave pills/heroin intensely

b. Do you feel you will relapse or continue to use if you don't get treatment or additional support?

Describe: I would definitely continue to use without the buprenorphine

c. Are you aware of your triggers to use alcohol and/or other drugs?

Describe: Client identified the following triggers: Strong craving; Difficulty with feelings; Relationship problems; Unemployment; Chronic pain; and, his environment.

d. What do you do if you are triggered?

Describe: Client stated he would use if he felt triggered. "I can't fight the urge. The need to use won't go away until I do."

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Dimension 5 (continued)

Relapse, Continued Use, or Continued Problems Potential-
Exploring an individual's relapse experiences/history of continued use

e. Have you tried to control your use (stop or cut down)?

Describe: Client denied any attempts to quit using until this tx effort

f. What is the longest period of time you have gone without using? What helped or didn't help?

Describe: Client said these past 3 weeks were the longest time without using since the accident. He added that he had decreased his alcohol use after college because he, "was no longer in that party environment."

Mr. Doe admitted to spending time searching for drugs and/or trying to recover from using. He reported "feeling unsure" of what to do with his time now that he is not using.

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SEVERITY RATING DIMENSION 5

0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe

RATIONAL: Client has some knowledge of relapse triggers and does not minimize his high risk, however he appears to have minimal coping skills to prevent relapse other than his MAT. Client would benefit from CBT/relapse prevention training.

2 Moderate difficulty-Impaired understanding of SU/relapse issues but is able to self-manage with support

Are there any problems to address in Dimension 5?

a) Yes, he is chemically dependent
b) Yes, he needs recovery, MAT is just a substitute
c) Yes, he requires addictions treatment which includes moderate-intensity relapse prevention
d) No, if he continues on buprenorphine he will be fine

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Poll #5

Poll Results

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Dimension 6

Recovery and Living Environment- *Evaluating the individual's living situation, environmental resources and challenges, including family and friends*

a. Do you have any relationships support of recovery? Unsure

Describe: Client describes poor relationship with father, okay with mother and siblings: They, "might be supportive if they knew what was going on." He has some supportive friends, but most don't know he's using heroin.

b. What is your current living situation?

Describe: Client is currently "crashing" with different friends. He lost his apartment after he lost his job (missing too much work).

c. Do you live where others drink and/or use drugs?

Describe: Most friends drink/smoke pot but do no use opiates

d. Are you in a relationship which poses a threat? No, but says some places he stays are "kinda shady."

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Dimension 6 (Continued)

Recovery and Living Environment- *Evaluating the individual's living situation, environmental resources and challenges, including family and friends*

f. Are you in a relationship which could negatively affect your recovery? Client is worried friends won't be supportive, especially when they find out he has been using heroin

g. Are you currently employed or enrolled in school? No

Describe: Client lost his job; he had previously worked in sales and has a business degree from a 4-year university

h. Are you currently involved in social services or legal system? No

Describe: Client denies any legal problems but state that "I did sue the person who it me."

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SEVERITY RATING DIMENSION 6

0	1	2	3	4
None	Mild	Moderate	Severe	Very Severe

Rational: Mr. Doe appears to have limited social, financial, and environmental support. His need for an environment which supports his addiction and physical health recovery must be considered. He would most likely benefit from the clinical structure of treatment

2 Moderate difficulty- Environment is not supportive of recovery but with clinical structure individual can cope

Are there any problems to address in Dimension 6?

a) Yes, he has multiple risk factors with housing; relationship support; financial stability; and meaningful environmental structure including employment
b) Yes, he is homeless and must be in residential treatment
c) No, if he just tells his parents what's going on he will get the help he needs

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Poll #6

Poll Results

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Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential [0]
2. Biomedical Conditions [2]
3. Emotional, Behavioral, or Cognitive [1]
4. Readiness to Change [1]
5. Relapse, Continued Use Potential [2]
6. Recovery/Living Environment [2]

ASAM Levels of Care

0.5 Early Intervention
1. Outpatient Treatment
2. Intensive Outpatient
3. Residential Treatment
4. Medically-Monitored or Managed Intensive Inpatient Treatment
5. Withdrawal Management
   1. Ambulatory
   2. Residential

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Decisional Flow- Matching Patient's Focus, Assessed Needs Treatment Placement

Intake and Assessment

1. What does the patient want and why now?
2. What are the immediate needs or imminent risk in each of the dimensions?
3. What are the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses?

NEXT ➡

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Decisional Flow- Matching Patient's Focus, Assessed Needs Treatment Placement

Service Planning

1. Identify which assessment dimensions are most important- Treatment Priorities
2. Chose a specific focus and target for each priority dimension
3. Determine what services are needed for each dimension

NEXT ➡

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Decisional Flow- Matching Patient's Focus, Assessed Needs Treatment Placement

Level of Care Placement

1. What "Dose" or intensity of these services are needed for each dimension?
2. Where can these services be provided (Least intensive but safe level of care)?
3. Determine discharge criteria- what outcome measure will describe progress and influence placement decisions?

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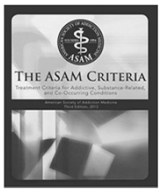
References and Resources



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- ASAM www.asamcriteria.org
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- California Institute for Behavioral Health Solutions www.cibhs.org
- UCLA Integrated Substance Abuse Programs (ISAP) Pacific Southwest Addiction Technology Transfer Center www.psattc.org

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Understanding the ASAM Criteria in the Context of the California Treatment System

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Part II

1

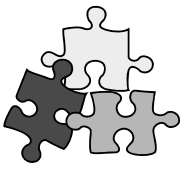
Six Dimensions of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

- 4 — Utmost Severity Imminent Danger
- 3 — Serious Issue, high risk or near imminent danger
- 2 — Moderate difficulty, with some persistent chronic Issues
- 1 — Mild difficulty, Chronic issue likely to resolve soon
- 0 — Non-issue, or very low-risk issue. chronic issues likely to be mostly or entirely resolved

2

Treatment Planning and the ASAM Criteria



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Treatment Plan Components

1. **Problem Statements are based on information gathered during the assessment**

2. **Goal Statements are based on the problem statements and are <u>reasonably</u> achievable during the active treatment phase**

4

Treatment Plan Components- **Problem Statements**

Relate to the problems identified in the assessment with a client-centered focus while addressing Medical Necessity

- Client Centered- **Accurately <u>describe important issues</u> for the client (may use client's own words)**
- **Medical Necessity- Address the identified impairments or barriers to recovery**

May be broadly stated, however avoid "one-word" problems (Dependence) and/or addictions jargon (Denial, etc.)

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Problem Statement Examples

- **Client requires assistance to safely manage his withdrawal**
- **Client's ability to secure and maintain employment is impaired by substance use**
- **Client is currently pregnant and requires assistance maintaining healthy prenatal care**
- **Client's mental health problems compromise his focus on and motivation for recovery**

6

Treatment Plan Components- **Goal Statements**

Goal Statements are statements that answer the question, "What is needed for the client to establish/restore healthy functioning?"

It is important that goals Reflect individual's goals, aspirations, values, and culture. Reaching agreement on the goal(s) is critical

- **Long-Term Goals** frequently represent the "desired state" or resolution of the problems and generally take some time and several steps to accomplish
- **Short-Term Goals** are intermediate goal states which progressively lead to the long-term goal. They generally require less time to accomplish

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Goal Statement Examples

- **Safely withdraw from alcohol, stabilizing physically, emotionally, and behaviorally**
- **Obtain employment**
- **Secure and maintain healthy prenatal care thorough to delivery**
- **Maintain focus and efforts for both mental health and substance use recovery**

8

Treatment Plan Components- **Action Steps**

3. **Action Steps are linked to the goals and indicate specific actions (small steps) meet those goals**
   a. **Objectives = what the client will do to meet the goals**
   b. **Interventions = what the staff will do**

Other common terms:

- **Action Steps**
- **Measurable activities**
- **Treatment strategies**
- **Benchmarks**
- **Tasks**

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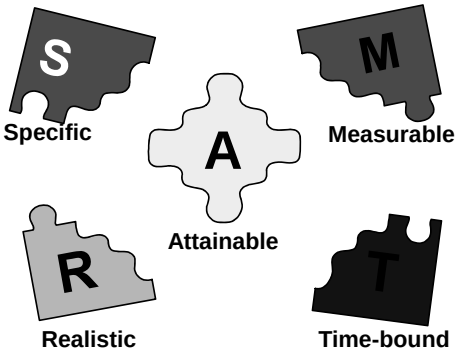
Let make sure that our **Action Steps are S.M.A.R.T**.



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Objectives & Interventions (It M.A.T.R.S.!)

Specific

- **Objectives and interventions are specific and goal-focused**
- **Address in specific behavioral terms how level of functioning or functional impairments will improve**

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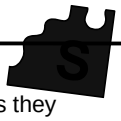
Examples of Objectives



Specific

- Client will report withdrawal symptoms as they reach discomfort levels and for staff administered assessments
- Client will clarify the impact of his SU on employment by. . .(include specific assignment
- Client will visit an OB/GYN physician or nurse to plan and initiate prenatal care
- Client will list 3 times when psychological symptoms increased the likelihood of relapse to alcohol/drug use

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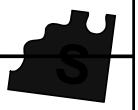
Examples of Interventions



Specific

- **Staff medical personnel will evaluate need for medical monitoring or medications**
- **Staff will call a medical service provider or clinic with Client to make an appointment for necessary medical services**
- **Staff will review Client's list of 3 times when symptoms increased the likelihood of relapse and discuss effective ways of dealing with those feelings**

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Objectives & Interventions (It M.A.T.R.S.!)

Measurable

- **Objectives and interventions are measurable**
- **Achievement is <u>observable</u>**
- **Measurable indicators of client progress**
  - **Assessment scales/scores- CIWA score of 16**
  - **Client report- Client reported feeling less anxious**
  - **Behavioral and mental status changes- Client demonstrated use of refusal skill in role-play**

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Objectives & Interventions (It M.A.T.R.S.!)

Attainable

- **Objectives and interventions are attainable during active treatment phase**
- **Focus on "improved functioning" rather than a "cure"**
- **Identify goals attainable in level of care provided**

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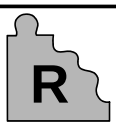
Objectives & Interventions (It M.A.T.R.S.!)



Realistic

- **Client can realistically complete objectives within specific time period**
- **Goals and objectives are achievable given client environment, supports, diagnosis, level of functioning**
- **Progress requires client effort**

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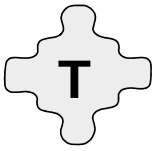
Objectives & Interventions (It M.A.T.R.S.!)



Time-limited

- **Focus on time-limited or short-term goals and objectives**
- **Objectives and interventions can be reviewed within a specific time period**

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Examples of Short-Term Goals and Action Steps

1. Improve family's understanding of and support for recovery.

1a. Objective: *Family attend and actively participate in Family Recovery Education and process group, 1 time weekly for 6 weeks.*

2a. Objective: *Family members to identify at least two changes they want (from client) and two changes they are willing to make to improve the families functioning*

2. Connect to community base support

2a. Intervention: *Counselor provide Client with the resource list for self-help groups .*

2b. Objective: Client will attend at least 3 support groups and report 3 things he saw/experienced which were supportive of recovery

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Considerations in Writing . . .

- **All problems identified are included regardless of available agency services**
- **Include all problems whether deferred or addressed immediately**
- **Each dimension should be reviewed**
- **A referral to outside resources is a valid approach to addressing a problem**

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Treatment Plan- DMC Requirements

Be sure to include (at a minimum) the following information on your treatment plans. . .

1. **Description of services**- **type** and **frequency**
2. Primary **counselor name**
3. DSM diagnosis
4. **Signatures**- counselor, patient, and physician* (Typed/Printed names) and **date(s) signed**.

--Note: For DMC-ODS can be signed by Physician or LPHA

Timeliness is also important for initial and updated treatment plans

Progress Notes

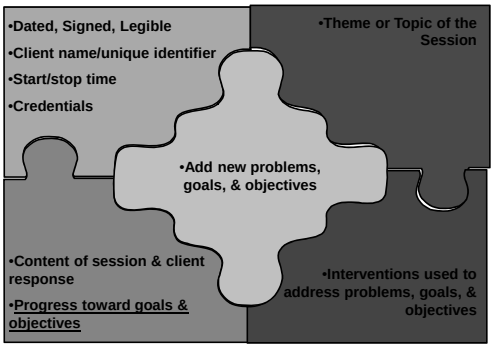
SOAP

BIRP

GIRP

SIRP

Documentation – Basic Guidelines



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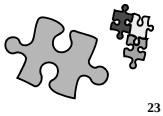
Documentation: Basic Guidelines

Entries should include . . .

- **Your professional assessment**
- **Continued plan of action**

Remember: The client's treatment record is a legal document



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Documentation: Basic Guidelines

Describes . . .

- **Changes in client status**
- **Response to and outcome of interventions**
- **Observed behavior**
- **<u>Progress towards goals and completion of objectives</u>**

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S.O.A.P. Method of Documentation

Subjective - **client's** observations or thoughts, client statement

Objective – **counselor's** observations during session

Assessment - counselor's understanding of problems and test results

Plan – goals, objectives, and interventions reflecting identified needs

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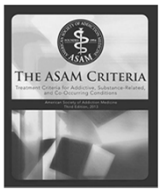
Discharge/Transfer Planning

- Narrative summary of the treatment episode. Describe services received and the patient's response by ASAM Dimensions
- Indicate patient's prognosis: "Good", "Fair", or "Poor", and provide an explanation.
- Describe relapse triggers and the patient's plan to avoid relapse when confronted with each trigger.
- List all patient's medications. Include dosage and response.
- Indicate the reason for the discharge/referral or level of care transferred to if appropriate.
- Describe recommendations for follow up and the client's support plan

References and Resources



- Mee-Lee, David. (Eds.) (2013) *The ASAM criteria :treatment for addictive, substance-related, and co-occurring conditions* Chevy Chase, Md. : American Society of Addiction Medicine
- ASAM www.asamcriteria.org
- The Change Companies: www.changecompanies.net
- California Institute for Behavioral Health Solutions www.cibhs.org
- UCLA Integrated Substance Abuse Programs (ISAP) Pacific Southwest Addiction Technology Transfer Center www.psattc.org

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ASAM Criteria – Multidimensional Assessment

Dimension #1: **Acute Intoxication and/or Withdrawal Potential** Risk Rating:

Rationale:

Dimension #2: **Biomedical Conditions and Complications** Risk Rating:

Rationale:

Dimension #3: **Emotional, Beh. or Cog. Conditions and Complications** Risk Rating:

Rationale:

Dimension #4: **Readiness to Change** Risk Rating:

Rationale:

Dimension #5: **Relapse, Cont. Use, or Continued Problem Potential** Risk Rating:

Rationale:

Dimension #6: **Recovery/Living Environment** Risk Rating:

Rationale:

Non-issue Very low Risk	Mild difficulty chronic issues Likely to resolve	Moderate difficulty Persistent chronic issues	Serious Issue Near Imminent danger	Utmost severity Imminent Danger
0	1	2	3	4

Six Domains of Multidimensional Assessment

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problems Potential
6. Recovery and Living Environment

ASAM Levels of Care

1. Outpatient Treatment
2. Intensive Outpatient and Partial Hospitalization
3. Residential/Inpatient Treatment
4. Medically-Managed Intensive Inpatient Treatment